

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		2					54							
5		2					55							
6		2					56							
7		2					57							
8		2					58							
9	1						59							
10		1					60							
11		2					61							
12		2					62							
13		2					63							
14		2					64							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	21						TOTAL DEP.							
TOTAL CLAIMS	23						TOTAL CLAIMS							